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25697 7590 09/28/2005

ROSS D. SNYDER & ASSOCIATES, INC.
PO BOX 164075
AUSTIN, TX 78716-4075

01/04/2006 RFEKADU2 00000056 09293297

01 FC:1501 1400.00 OP
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ROSS D. Snyder, Reg. No. 37,730	(Depositor's name)
	
12/28/2005	(D)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09293297	04/16/1999	SHAWN P. MCALLISTER	1400.9801200	4690

TITLE OF INVENTION: METHOD AND APPARATUS FOR SUPPORTING CONNECTION TYPE PARTITIONING IN A COMMUNICATIONS NETWORK

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	12/28/2005
EXAMINER	ART UNIT		CLASS-SUBCLASS		
DUONG, DUC T	2663		370-231000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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2 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ALCATEL CANADA INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

KANATA, ONTARIO, CANADA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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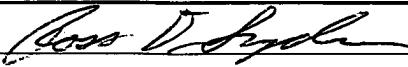
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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date 12/28/2005

Typed or printed name ROSS D. Snyder, Reg. No. 37,730

37,730

Registration No. _____

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